



WEINGARTEN, SCHURGIN, GAGNEBIN & LEOVICI LLP
 Ten Post Office Square
 Boston, Massachusetts 02109
 Telephone: (617) 542-2290
 Telecopier: (617) 451-0313

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: November 14, 2007

Attorney
 Docket No.: MAIT-009XX

Sir:

In re application of: So et al.

Entitled: SYSTEMS AND METHODS FOR VOLUMETRIC TISSUE SCANNING MICROSCOPY

Transmitted herewith is an amendment in the above-identified application. The following checked items are applicable:

- ☐ This is a Request for Continued Examination under §1.114; a check in the amount of _____ is enclosed per §1.17(e).
☐ Enter the unentered amendment previously filed on _____ per §1.116.
- ☒ Small Entity Status is asserted.
- ☒ A Petition for Extension of Time for 2 month(s) is hereby made under §1.136(a); a check in the amount of \$230.00 is enclosed for the cost of such extension per §1.17.
- ☐ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☒ Other: Information Disclosure Statement, PTO Form 1449 and copies of references with a \$180.00 check.

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	2 - 3	= 0	x \$210.00 =	0
Total	27 - 29	= 0	x \$ 50.00 =	0
<input type="checkbox"/> Multiple Dependent Claims (1st presentation)			+ \$370.00 =	
SUBTOTAL ADDITIONAL FEE				0
Small Entity filing, divide by 2. Small Entity status must be asserted.				
TOTAL ADDITIONAL FEE				0

- ☒ No additional fee. ☐ The fee has been calculated above; a check in the amount of _____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on

November 14, 2007.

SUBMIT IN TRIPLICATE

Thomas O. Hoover
 Attorney of Record: Thomas O. Hoover
 Registration No.: 32,470



Application No.: 10/642,447
 Filed: 8/15/03
 TC Art Unit: 2624
 Confirmation No.: 1584

Ifw
[Signature]

WEINGARTEN, SCHURGIN, GAGNEBIN & LEOVICI LLP
 Ten Post Office Square
 Boston, Massachusetts 02109
 Telephone: (617) 542-2290
 Telecopier: (617) 451-0313

Mail Stop Amendment
COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: November 14, 2007

Attorney
Docket No.: MAIT-009XX

Sir:

In re application of: So et al.

Entitled: SYSTEMS AND METHODS FOR VOLUMETRIC TISSUE SCANNING MICROSCOPY

Transmitted herewith is an **amendment** in the above-identified application. The following checked items are applicable:

- ☐ This is a Request for Continued Examination under §1.114; a check in the amount of _____ is enclosed per §1.17(e).
☐ Enter the unentered amendment previously filed on _____ per §1.116.
- ☒ **Small Entity Status is asserted.**
- ☒ **A Petition for Extension of Time for 2 month(s) is hereby made under §1.136(a); a check in the amount of \$230.00 is enclosed for the cost of such extension per §1.17.**
- ☐ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☒ **Other: Information Disclosure Statement, PTO Form 1449 and copies of references with a \$180.00 check.**

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	2 - 3	= 0	x \$210.00 =	0
Total	27 - 29	= 0	x \$ 50.00 =	0
<input type="checkbox"/> Multiple Dependent Claims (1st presentation)			+ \$370.00 =	
SUBTOTAL ADDITIONAL FEE				0
Small Entity filing, divide by 2. Small Entity status must be asserted.				
TOTAL ADDITIONAL FEE				0

- ☒ **No additional fee.** ☐ The fee has been calculated above; a check in the amount of _____ is enclosed.
- ☒ **The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on

November 14, 2007.

SUBMIT IN TRIPLICATE

[Signature]
Attorney of Record: Thomas O. Hoover
Registration No.: 32,470